

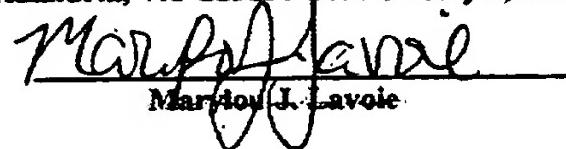


Application No. 09/847,605  
Amendment dated July 9, 2004  
Reply to Office Action of June 10, 2004  
Attorney Docket No. DP-302846

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: KARL J. HALTNER ET AL. )  
SERIAL NUMBER: 09/847,605 ) GROUP ART UNIT:  
FILED: MAY 1, 2001 ) 1745  
FOR: ETCHED INTERCONNECT )  
FOR FUEL CELL ELEMENTS ) EXAMINER:  
 ) Raymond Alejandro

I hereby certify that this document is being deposited with the United States Postal Service as Express Mail Label #ER 292616848 US in an envelope addressed to Commissioner for Patents, Box Fee Amendment, P.O. Box 1450, Alexandria, VA 223130-1450 on July 9, 2004.

  
Marion J. Lavoie

AMENDMENT AFTER FINAL

Honorable Commissioner of Patents  
and Trademarks  
P.O. Box 1450  
Mail Stop AF  
Alexandria, VA 22313-1450

Sir:

In response to the Examiner's Office Action mailed June 10, 2004, the following response is respectfully submitted in connection with the above-identified application.

Please amend the above-identified application as follows.

Amendments to the Specification begin on page 2 of this paper.

07/20/2004 ASINGLET 00000003 500831 09847605

01 FD:1251 110.00 DA Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 9 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09847605

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     |               |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 29 minus 20 = | 9                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X40=      |        | OR X80=      |        |
| +135=     |        | OR +270=     |        |
| TOTAL     |        | OR TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | 17    | Minus                                       | ** 20                    |
| Independent                                    | 2   | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           | /                      |
| X40=             |                        | OR X80=             | /                      |
| +135=            |                        | OR +270=            | /                      |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | 17    | Minus                                       | ** 20                    |
| Independent                                    | 2   | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           | /                      |
| X40=             |                        | OR X80=             | /                      |
| +135=            |                        | OR +270=            | /                      |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | 17    | Minus                                       | ** 20                    |
| Independent                                    | 2   | Minus | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           | /                      |
| X40=             |                        | OR X80=             | /                      |
| +135=            |                        | OR +270=            | /                      |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.